



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



2 45 0440 2184

# AN ADD

Being the Valedictory delivered at the  
of Cooper Medical College, D

BY

HENRY GIBBONS, JR.

Professor of Obstetrics and Diseases of Women, and  
San Francisco, California

477H  
R  
747  
C7G4  
1893  
LANE  
HIST

SACRAMENTO, CALIFORNIA

Printed from the OCCIDENTAL MEDICAL

LANE

MEDICAL



LIBRARY

HISTORY OF MEDICINE  
AND NATURAL SCIENCES

# AN ADDRESS

Being the Valedictory delivered at the Commencement Exercises  
of Cooper Medical College, December 6, 1892.

BY

HENRY GIBBONS, JR., M. D.,

Professor of Obstetrics and Diseases of Women, and Dean, Cooper Medical College.  
San Francisco, California.

SACRAMENTO, CALIFORNIA:

Reprinted from the OCCIDENTAL MEDICAL TIMES, January, 1893.

45

1893

1990

## AN ADDRESS.

*Being the Valedictory delivered at the Commencement Exercises of Cooper Medical College, December 6, 1892.*

By HENRY GIBBONS, JR., M. D., Professor of Obstetrics and Diseases of Women and Dean, Cooper Medical College, San Francisco, California.

*Ladies and Gentlemen:* Our meeting here to-night is a thrice pleasurable one; pleasurable alike to the professors who witness the fruition of their labors and look forward to some short respite from college duties; to the members of the graduating class who have reached the goal of their present ambition and now crown their long period of study with the doctorate; and we hope to the indulgent friends who grace the occasion with their presence.

But, answering for the faculty, a deeper emotion must move us when we contemplate the responsibility we assume in testifying to the capacity and qualifications of these graduates, and in authorizing them to enter upon the practice of our profession. The occasion is thus a serious as well as a pleasurable one, and it is fitting that we should solemnize it with appropriate ceremony.

The faculty has had no misgivings in granting to these candidates the privileges of the diploma. Let me present some facts in corroboration. Few who have not investigated the subject can form an adequate conception of the amount of study and labor necessary for the attainment of the degree in medicine, and few, I imagine, are fully informed of the great advances in the science and art of medicine accomplished in the last decades, of the improved methods and increased facilities for teaching, and of the successful efforts made to elevate the standard of medical education.

The first medical school established in the western world was that of the University of Pennsylvania, at Philadelphia, in 1765. It has been in continual existence since that date, and is now one of the leading colleges of the country. Much of the education that the medical student received at that early date, or even fifty years ago, or less, was from a preceptor. The student rode about with the physician visiting his patients, and thus became familiar with the diseases of the locality and their ordinary treatment. Meanwhile he read his text books and received, in addition, such instruction as the physician had time, opportunity, or capacity to impart. This instruction, covering a year's time, was at an earlier period usually accepted in lieu of a course of lectures. Thereafter attendance upon one course of lectures of four months' duration completed the education and entitled the student to examination for the degree. It will be seen that the entire time at college requisite to

secure the degree was but four months. In the more populous and older parts of the country two courses of lectures in as many years were exacted; but it is within the experience of men now living that the lesser requirement only was exacted by the colleges of newer settled communities.

Less than thirty years ago no college of the country required more than one year's preceptorship and two courses of lectures of four months each, and this was the requirement of the predecessor of Cooper Medical College when I first became connected with it. Although a few of the 130 medical colleges of the United States increased their curriculum over ten years ago, the increase has come almost entirely within the last decade. Let us see how great has been the advance since that time.

In 1870 this college lengthened its two terms to five months each. In 1879 a third term was added. In 1886 a winter term of four months, besides the three terms of five months each, was required, and one year ago another month was added to the regular term, so that whereas in 1864 eight months of didactic lectures in two years entitled the student to examination for the degree; now twenty-one months in three years, are required, or an increase of  $162\frac{1}{2}$  per cent. Nor is this all. Ever anxious that our graduates shall reflect credit upon their *alma mater* and be fully worthy of the title we confer, we have already adopted a four year curriculum; to take effect a year hence.

Twenty years ago no educational restriction existed to bar the entrance of even the ignorant upon the study of medicine, at any medical college in the country; now, an educational qualification is required by nearly all. The effect has been to materially raise the average intelligence of the classes. A large proportion of those now presenting themselves for registration are graduates of literary universities or colleges, or of high or normal schools, or at least have taken partial courses in such institutions. All others are subjected to examination. Quite a number of the latter are induced to pursue preparatory studies before entering upon that of medicine.

What have been the causes of this great awakening in the direction of medical education throughout the land? for the whole country has been aroused. Few schools now remain which require but two years of study, and they must soon submit to the general demand for advance in this respect. The causes are no doubt many, but we look with pride to the part which the profession of our noble State has taken toward the accomplishment of the result. It was here that the ball was set in motion, which, gathering force as it rolled onward, became irresistible and triumphant.

Sixteen years ago, in the centennial year, the physicians of San Francisco determined to make some effort to suppress or diminish the quackery which prevailed so extensively in our midst. They caused to

be drafted a bill prohibiting the practice of medicine by those unqualified, and otherwise regulating the practice of medicine, which, being presented to the Legislature, became a law. This was the little ball which our far western State set in motion. In no other State of the Union was there a similar law at that time. Although poorly executed, the operation of the law was salutary. Many ignorant and incompetent and evil-minded men were obliged to leave the city and State. Other States appreciating the benefits, soon adopted similar laws, and the ball moved faster.

At the present time almost every State in the Union has a Medical Practice Act, some of them, fortunately, more efficient than our Legislature was willing to give us. Among these is specially to be noted the law of Illinois, which has been efficiently administered and well sustained by the Courts. It is said that upon the enactment of this law 900 incompetent and uneducated men who were practising within the borders of Illinois were obliged to perfect themselves in medicine, cease practising, or leave the State. But it was not the sole aim of the laws to debar from practice the incompetent. They sought to prevent the entrance upon the study of medicine of the incompetent and ignorant, and to secure better opportunities and longer periods of study for those admitted. To California, then, I claim is due the credit of inaugurating this movement which has done more to advance the cause of medical education in the last ten years, than was accomplished in the fifty years before. Well may the early movers in this direction congratulate themselves upon the result. Among them no one is more deserving of praise than the Vice-President of this college, our physician-lawyer, Edward R. Taylor, who drafted the law, and mindful of his first love, medicine, has so earnestly striven for its maintenance and effectiveness.

The last half century has wonderfully enlarged, broadened and systematized the science and art of medicine. Some of its original subdivisions have grown until they could scarcely be recognized by the physicians who practised at the beginning of the present century; and they would be lost in amazement in contemplating the many new subdivisions that have been elaborated. Old fields have yielded many new discoveries; new fields have been found and explored. Diseases which were undescribed and unknown have been carefully investigated and made familiar to us, until now, thanks to some enterprising French investigator, the human family has 2,500 diseases to choose from.

The great advances in the natural sciences, notably chemistry and physics, have added many new and exact methods of examination to our armamentarium. We are not now required to determine disease solely by exterior signs, but can inspect and explore the interior of organs. The clinical thermometer, stethoscope, laryngoscope, ophthalmoscope, speculum, and many more instruments are now our every day



assistants in investigating disease. Their use has become an art, which by experience only can be acquired. Nothing more seems needed to indicate the breadth and extent of the subject of medicine to-day, nor the amount of labor that must be expended in the acquisition of a knowledge of it. In every field of inquiry the student of to-day has vastly more to learn than formerly. Let me trace for you in brief the work that must be accomplished in this college.

Should the student enter the short or winter course of three months' duration, his introduction to medicine is gradual. Ten or twelve lectures a week only are given, in order to afford ample time for the practical study of anatomy, which is the foundation for the study of both surgery and medicine. In the following June the active work of the year begins. He must then attend from four to six lectures daily—aggregating 600 in the six months' term, besides dissecting in the mornings, attending several quizzes in each week, writing up his notes of lectures, and reading in his spare moments. He closes the year with eight written examinations, upon as many subjects, each occupying from two to four hours. In his second year to this work is added attendance upon clinics. At the hospital and college fifteen hours a week are spent in this duty. Here he witnesses the various forms of disease, the methods of examination and treatment of patients, and operations. An examination similar to that of the first year closes the work of the second. The short term of the third year closes with an elaborate examination. The long term is a repetition of the amount of work of the second year, but is varied by giving it more practical features. The student not only witnesses the examination and treatment of patients, but *makes* such examination himself and suggests the treatment and performs the minor operations. A fourth examination upon fourteen subdivisions crowns the three years' work and determines the decision as to whether it has been well or poorly done.

It was in former years considered a standing reproach to American medical education that so short a time was required for obtaining the degree. That reproach, in so far as the better colleges of the country are concerned, is no longer valid. The third year is now required, and soon a fourth will be added. An examination of the amount of study obligatory here and in Europe shows little difference. It is readily demonstrated that more work is actually required in the three years of study in this college than in four years in the colleges of England.

Thus have the graduates whom we introduce to you to-night pursued their arduous labors; thus have they passed their ordeal; thus have they justly acquired their right to the title conferred upon them. It remains for you to sanction our work and encourage these beginnings. I turn them over to your tender mercies.

But before leaving this topic let me revert to the subject of a pre-

liminary educational requirement. A good education, especially in a scientific direction, is an invaluable stepping stone toward success in the study of medicine. Every year corroborates this statement. Every year demonstrates to us the fact that the student with good preliminary educational qualifications acquires, comprehends and retains more readily and passes more satisfactory examinations. While a large proportion of our matriculates are well prepared—and this proportion is constantly increasing—too many who present themselves are but scantily supplied. We look to you—the people—and to the physicians of the State, to aid us in this direction. If there be any within your knowledge who are contemplating the study of medicine, urge upon them the importance of a proper preliminary education.

My remarks would not be complete nor would I be following the time-honored custom, did I not add some parting words to you of the graduating class, who now close your long term of pupilage with us. Your earnestness, diligence and zeal in this, your probationary period in medicine, have won for you our high regard. We welcome you to the ranks of the noblest of all professions. But we greet you as students still, for all must be such who hope to attain success and preferment. There must be no drones in the hive. You will probably ever recognize this occasion as a most important epoch in your lives. From it you will look back upon the past with satisfaction, and you will look into the future with expectancy and hope. You have just accomplished a difficult and tedious journey, but while at times it may have been tiresome and laborious, it has not been without its pleasures and enjoyments. Your journey has often been by broad and well-traveled roads, but again by rough and devious paths, or through almost untrodden fields. Great obstacles which seemed almost insurmountable have opposed your progress, but by steady perseverance you have overcome them. Perhaps an occasional slough of despond has well nigh tempted you to abandon the undertaking.

But frequently has your pathway been through green fields and by rippling waters, that made the heart rejoice; beautiful flowers have dotted the hillsides and the plain, to entice you onward, and even the sloughs have yielded their pure lilies; with sunshine and shadow, and rain, has the landscape been varied. In your journey, hills have succeeded hills, and even mountains have been scaled. You have at last reached a commanding eminence and can look back upon the route you have pursued. The once formidable obstacles have dwindled into insignificance, but before you tower higher acclivities to tempt your ambition. You have as yet but climbed the foothills of the mountain range of science. Peak upon peak is presented to view, and to surmount each must require a separate effort. The task is before you. To the earnest, the faithful, the daring, there is no such word as fail.

Probably the one dominant thought of the recent graduate is: "Shall I attain success in the practice of medicine?" Let me ask: "What is his measure of success?" Is it learning; is it reputation; is it position; or is it wealth? It is not given to many of our profession to accumulate wealth in the practice of medicine. The vast majority must be content with securing a competence—a comfortable living; and this is almost certainly obtainable by faithful, earnest, honest work. Success is not worthily measured by money value. He who makes it his leading aim is rarely an ornament to the profession. He may achieve his ambition; he may obtain notoriety, but rarely reputation. Let, however, learning and skill be the measures, then with diligence and conscientious application, reputation is almost assured, and following in its train as a natural result are generally to be found position and competence. Let the physician be but true to himself and true to his profession and he cannot utterly fail. Let him but ennoble his profession and it will reciprocate an hundred fold: Truly fortunate and justly honored is he who attains learning, reputation, position, and wealth. Surely is his measure full.

It must be admitted that success in life depends upon a variety of conditions, among which the personal equation is of great importance; but if I were asked what condition or characteristic is of greatest importance, I should place above all, the capacity and the willingness for work. Not erratic, desultory, and interrupted work, but steady, earnest, thorough application. Not work for a few hours a day, nor for eight hours or ten, or for the day alone, but for the night as well. He must indeed learn

"To scorn delights and live laborious days,"

who would win fame or riches. Since the capacity for work necessitates a sound and vigorous body as well as mind, it is of the greatest importance that the health should be preserved. With good intelligence, a vigorous mind, and a robust physique, what limit can be put upon the acquisition of knowledge? Cultivate the virtues of self-denial, frugality, and temperance. Let labor and rest, study and sleep, be healthfully alternated and regulated.

I once heard a physician assert that the normal condition of an enterprising American was to be in debt. That debt was an incentive to exertion, a stimulus to work and to accumulate. I should be loth to accept such a proposition. But, that fixity of purpose, that the possession of some definite end and aim, and object for accomplishment, concentrates the energies, stimulates endeavor, develops and ennobles character, cannot be denied. I am not now advising the selection of specialties in medicine. Such selection should come only after some years of general practice, when the whole field has been more or less explored, when the experience has been enlarged in all directions, and the judgment matured. Then only can a proper selection be intelli-

gently made; but meanwhile the tendency, if any exist, is to be noted and developed. Singleness of purpose and energy in its pursuit must crown your efforts with success.

Do you need exemplars? You will find them in every avocation—and in none more frequently than in our loved profession. The great names of those who have gone before are embalmed in the very tissues of our bodies; they are found in the volumes which portray their laborious and painstaking investigations and discoveries; they are engraved upon the tablets of our hearts and in the material monuments which they have erected and endowed. You need no better exemplar of the beneficent result of fixity of purpose and energy in its pursuit than is found in the honored President of this College, who thirty years ago said, "I will build a college," and behold these substantial walls have risen in full fruition of this determination.

The world has seen its ages of iron and of gold, but though these metals are more abundant than ever before, this is rather an age of books. The rapid succession of their publication even upon individual branches of the science of medicine is appalling to the busy practitioner who can hope to read but a moiety of their number. Fortunately the great mass is but repetition, presented in different phraseology. In like manner medical magazines in the last thirty years have increased remarkably in number as well as in excellence. It is perhaps fortunate for the young physician, though he may not believe it at the time, that he is not harassed in the earlier years of his practice by numerous patients, and can thus devote much time to study. Let me advise you not to be persuaded into discursive reading by a multiplicity of material. Choose a few magazines and standard works, and study them systematically. While it is most wise to read up on each case that presents itself for treatment, systematic reading in other directions is of vital importance. Do not attempt to cover too broad a field. You cannot hope to compass it all. There are few Admirable Crichtons. The story is told of a certain physician that his library consisted of one book—the United States Dispensatory—but his thoroughness of acquaintance with it was phenomenal.

I desire to utter a warning against the danger of habits, not of dissipation or of idleness, or other personal habits (some of which are often the bane of physicians, and which without care they may readily contract), but habits of practice. It is true that much of ordinary practice is routine work, but without thought and reading, the groove will widen to include all. Avoid all hobbies. If by chance you should get astride of one do not ride it to death. Choose neither extreme—the orthodox or conservative, the radical or fanciful. The former is often antiquated; the latter dangerous and uncertain. Do not discard the old because it is old, but because a better is presented. Do not adopt the new for

novelty's sake. The history of drugs in this respect is a curious and instructive one. Time and again some new medicament has sprung into reputation like a brilliant meteor, and has disappeared almost as suddenly; or like a great comet has for a brief period filled the world with its glory, but like the fixed stars of the firmament our opium and mercury and quinine remain forever. Of the vast number of new remedies that have been introduced even in my short day I can recall comparatively few which have met the hopes of their advocates, or have found an abiding place in our materia medica. Be alert and progressive. The world does not remain stationary. If you stand still you will soon be left behind, and your opportunity be lost forever.

Cultivate habits of observation; they are essential in the determination of disease. In my childhood I was much impressed with a story called "Eyes and No Eyes." Two boys took a lengthy walk. One returned tired and spiritless. He had seen nothing but some fields and trees and a dusty road. The other recounted with enthusiasm the many beauties and industries of nature that he had witnessed. It would be an herculean task to enumerate the many directions in which observation might be profitably extended. Preventive medicine is more and more largely attracting the attention of the scientific world. If there be truth in the old adage that an ounce of prevention is worth a pound of cure, then should it receive more consideration than the treatment of disease. The special subjects of Hygiene, Sanitation, Quarantine, Epidemics, Endemics, Meteorology, and many others will deserve your careful investigation.

The physician stands in peculiar relation to the public and to the family. To both his duties are grave and responsible. The community looks to him for advice and counsel toward the averting of epidemics, the improvement of sanitary methods, and in hygienic matters generally; and in these directions his knowledge and experience should be freely and willingly given for the general welfare. In the family the physician is more than simply the adviser in sickness. His coming is often the one ray of sunshine to enliven and to cheer. He is expected to quiet the fears of the anxious; to encourage the weak and despondent, and be patient with the querulous and complaining. He must be the comforter of the afflicted and sorrowing; the counsellor of the wayward; the confidant of the erring. His high office combines those of minister and parent, friend and guide. Constantly the recipient, from weak and erring human nature, of confidences which both morality and law instruct shall be held inviolate, his is the power to recall many a false step, to redeem many an otherwise wasted life.

What should be the character of one worthy of this exalted position? Above all it should be moral, honest, manly. Charity, patience, cheerfulness, and firmness should exist in wholesome combination. It should

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any areas for improvement or further action.

[illegible]

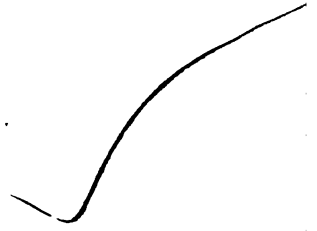
We may not agree on the right way. We may even fail to show to the satisfaction of a third party that we reach the same conclusion. It is more of less common that we may accept the advice of a colleague to his son.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

52. I am a man.

Laurel: 2004

Large Library





ARY

e returned on  
ped below.

R

747

C7

G4

1893

LABE

11551